

KANSAS STATE BOARD OF PHARMACY

: 20 lce mqp "U U g" 3636

Tqr gnc, KS 66612

(785) 296-4056

(785) 296-8420 "Hcz

FEE: \$10.00

APPLICATION FOR DUPLICATE CERTIFICATE

NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

WORK PHONE NO.

HOME PHONE NO.

Name on original certificate

Date certificate originally issued

Original number issued

A duplicate certificate is being requested for the following reason: (Certificate MUST be returned, if possible. If not, please explain the disposition of the certificate. A reason must be entered, in either case, below.)

Name requested to appear on **NEW** certificate

I further certify that the certificate, as indicated above, has not been given away to some other person or disposed of to some other person.

I hereby, under oath, certify that the above information is true and correct to the best of my knowledge

DATE

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires _____

SIGNATURE OF NOTARY PUBLIC